



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

TXD988047353

10/08/1991

FACILITY NAME ->

CHEVRON USA INC #162011

MAILING ADDRESS ->

PO BOX 4256

HOUSTON

TX 77210

INSTALLATION ADDRESS ->

710 SAWDUST RD

WOODLANDS

TX 77380

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6

1445 ROSS AVENUE
DALLAS, TEXAS 75202

ATTN: RCRA INFORMATION MANAGEMENT SECTION (6H-HI)

TO:

CHEVRON USA INC #162011
MINTER KATHRYN COMPL-SPEC
PO BOX 4256
HOUSTON

TX 77210

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark X in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

120986047333

II. Name of Installation (Include company and specific site name)

CHEVRON USA INC # 62011

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

710 Sawdust Rd

Street (continued)

City or Town

Woodlands

State

ZIP Code

TX 77380-

County Code

County Name

339 Monahan

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 4256

City or Town

HOUSTON

State

ZIP Code

TX 77210-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MINTER

(first)

KATHRYN

Job Title

COMPLIANCE SPEC

Phone Number (area code and number)

713-754-3500

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

X

City or Town

HOUSTON

State

ZIP Code

TX 77210-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CHEVRON USA INC

Street, P.O. Box, or Route Number

P O BOX 4256

City or Town

HOUSTON

State

ZIP Code

TX 77210-

713-754-3500 P P

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Kathryn L. Minter

Name and Official Title (type or print)

Kathryn Minter, Compliance Specialist

Date Signed

March 26, 1991

XI. Comments

JUN 18 1991

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

0232 0000 0139

478A.TXR000018077 0001
WOLF CAMERA NUMBER 260
SPRING, TX 77330



\$000226759

HZ/RC/NT

0232 0000 0148



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXR000018077

10/20/98

INSTALLATION ADDRESS

WOLF CAMERA NO 260
25114 GREGANS MILL RD
SPRING, TX 77380
JAMES LEAGAN COMPL DIR

25114 GREGANS MILL RD
SPRING, TX 77380

1000

0232 0000 0141

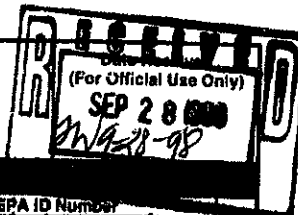
Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification ☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

TXR000018077

II. Name of Installation (Include company and specific site name)

WOLF CAMERA #260

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

25114 GROGANS MILL RD

Street (Continued)

City or Town

SPRING

State

Zip Code

TX 77380-

County Code

County Name

MONTGOMERY

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

25114 GROGANS MILL RD

City or Town

SPRING

State

Zip Code

TX 77380-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

LEAGAN

(First)

JAMES

Job Title

COMPLIANCE DIR

Phone Number (Area Code and Number)

678-297-9653

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

☒ ☒ 4955 MARCONI DR

City or Town

ALPHARETTA

State

Zip Code

GA 30005-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WOLF CAMERA

Street, P.O. Box, or Route Number

4955 MARCONI DR

City or Town

ALPHARETTA

State

Zip Code

GA 30005-

Phone Number (Area Code and Number)

678-297-9653

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year

Phone changed 9/29/98

0232 0000 0142


Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only													
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)													
A. Hazardous Waste Activity 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractory <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	B. Used Oil Recycling Activities 1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine												
IX. Description of Regulated Wastes (Use additional sheets if necessary)													
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable (0001) <input type="checkbox"/> 2. Corrosive (0002) <input type="checkbox"/> 3. Reactive (0003) <input type="checkbox"/> 4. Toxicity Characteristic <input checked="" type="checkbox"/> (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) <u>0011</u>													
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.) <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6								
7	8	9	10	11	12								
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.) <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>		1	2	3	4	5	6						
1	2	3	4	5	6								
X. Certification													
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.													
Signature <u>James Leagan</u>	Name and Official Title (Type or print) JAMES LEAGAN DIRECTOR OF REG COMPLIANCE	Date Signed 9/10/98											
XI. Comments													
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)													

tlz/rc/GT

10/10/08
DP

OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> T X D 9 8 8 0 8 9 1 8 1 </div>		
3. Site Name (page 14)	Name: Wal-Mart #602		
4. Site Location Information (page 14)	Street Address: 610 Sawdust Road		
	City, Town, or Village: The Woodlands	State: Texas	
	County Name: Montgomery	Zip Code: 77380	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4 5 2 9 1 0 </div>	B. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
	C. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	D. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
7. Site Mailing Address (page 15)	Street or P. O. Box: 1300 S.E. 8th. Street		
	City, Town, or Village: Bentonville		
	State: AR		
	Country: USA	Zip Code: 72716-0605	
8. Site Contact Person (page 15)	First Name: Teresa	MI:	Last Name: Pruitt
	Phone Number: 479-204-2231 Extension:		Email address: teresa.pruitt@wal-mart.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Wal-Mart Stores Texas, LLC		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Wal-Mart Stores Texas, LLC		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Deactivate

RECEIVED

JUN 23 2008

EPA Form 8700-12 (Revised 7/2006)

Page 1 of 3

REGISTRATION & REPORTING

TP 9/24/08

9. Legal Owner (Continued) Address	Street or P. O. Box: 1300 S.E. 8th. Street	
	City, Town, or Village: Bentonville	
	State: AR	
	Country: USA	Zip Code: 72716-0605

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**
 If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ **2. Transporter of Hazardous Waste**

☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

☐ ☒ **4. Recycler of Hazardous Waste (at your site)**

☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**
 If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining

☐ ☒ **6. Underground Injection Control**

B. Universal Waste Activities

☐ ☒ **1. Large Quantity Handler of Universal Waste** (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:

	<u>Manage</u>
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

☐ ☒ **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**
 If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007	D008
D009	D011	D016		D018	D026	D027	D035
D039	U002	U080		U122	U159	U165	U279

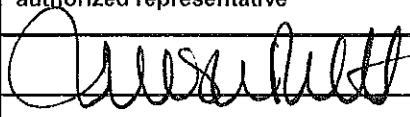
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

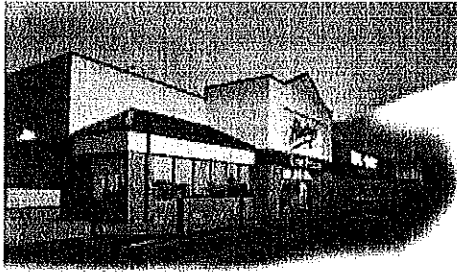
12. Comments (See instructions on page 21.)

Request for deactivation of EPA ID#TXD988089181 as facility is no longer in operation. Facility operation ceased 03/2008.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Teresa Pruitt - Director of Hazardous Waste	6/18/08



WAL★MART®

Facilities Management

WAL*MART STORES, INC. * 1300 S.E. 8th STREET * BENTONVILLE, ARKANSAS 72716-0605 *

Teresa Pruitt
Director, Hazardous Waste
Phone: 479-204-2231
Fax: 479-277-5844

June 16, 2008

Texas Commission on Environmental Quality
Attn: Ms. Bettié Bell
Registration and Reporting Section
P.O. Box 13087, MC-129
Austin, TX 78711-3087

**RE: EPA ID# Deactivation
EPA ID# TXD988089181**

Dear Ms. Bell:

This letter serves as a request to deactivate the EPA ID# for the following facility:

Wal-Mart Store #602
610 Sawdust Road
The Woodlands, TX 77380
EPA ID # TXD988089181

This facility has relocated. A new EPA ID# has been requested for the relocation address.

The appropriate form has been attached to this correspondence.

Please contact me at (479) 204-2231 or teresa.pruitt@wal-mart.com with any questions. Thank you.

Sincerely,

Teresa Pruitt
Director of Hazardous Waste

RECEIVED

JUN 23 2008

REGISTRATION
& REPORTING

4/23-08
COPY to EPA
TB

08-4449

TB
CC
DD
I#120-11
6/23/08
7-9-08
9-23-08



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

May 31, 2001

WAL-MART STORE NO 602
702 SW 8TH ST DEPT 8013
BENTONVILLE, AR 72716
ATTN: MICHAEL COLDEWEY, STORE MGR

—

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

WAL-MART STORE NO 602
610 SAWDUST RD
THE WOODLANDS, TX 77380

Your EPA Identification Number for this installation is: **TXD988089181**

The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is requested should any information on the original document change.

A handwritten signature in cursive script, reading "Charles Faultry".

Charles Faultry, Chief
RCRA Information Management Section

Please print or type with ELITE type (12 characters per inch) in the unshaded area only.

Form Approved OMB No. 2550-0028 Expires 3-30-99

Read the instructions for filling this form. The information requested here is required by law. Section 309 of the Resource Conservation and Recovery Act.



Notification of Regulated Waste Activities

United States Environmental Protection Agency

RECEIVED
MAY 3 2001
Date Received
(For Official Use Only)
APR 17 2001

WASTE EVALUATION

I. Installation's EPA ID Number (Mark "X" in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete Name)

II. Installation's EPA ID Number

TXD988189181

III. Name of Installation (Include company and specific site name)

Wal-Mart Store #602

IV. Location of Installation (Physical address or P.O. Box or Route Number)

Street

610 Sawdust Road

Street (continued)

City or Town

The Woodlands

State

Zip Code

TX 77380-

County Code

County Name

338 Montcomery

V. Installation Mailing Address (See Instructions)

Street or P.O. Box

702 S.W. 8th Street Dept. 8013

City or Town

Bentonville

State

Zip Code

AR 72716-8013

VI. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Coldewey

Michael

Job Title

Store Manager

Phone Number (Area Code and Number)

281-864-7767

VII. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box



City or Town

State

Zip Code

VIII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Wal-Mart Stores East, Inc.

Street, P.O. Box or Route Number

702 S.W. 8th Street Dept. 8013

City or Town

Bentonville

State

Zip Code

AR 72716-8013

Phone Number (Area Code and Number)

501-273-8715

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

P

P

Yes

X

No

Month Day Year

B3B
4/25/01
Kaiser-Duke
Nonind.

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.